

UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 25 2004

Appl. No. : 09/640,606 Confirmation No. 4499  
Applicant : Rajeev Khanolkar et al.  
Filed : August 17, 2000  
TC/A.U. : 2131  
Examiner : Michael R. Vaughan  
  
Docket No. : 26836.701.201  
Customer No. : 21971

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of February 27, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

11/17/2004 EBARREN 00000006 232415 09640606

01 FC:1253 950.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/ *240200*

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR                              | NUMBER FILED           | NUMBER EXTRA |
|----------------------------------|------------------------|--------------|
| BASIC FEE                        |                        |              |
| TOTAL CLAIMS                     | <i>34</i> minus 20 = * | <i>14</i>    |
| INDEPENDENT CLAIMS               | <i>2</i> minus 3 = *   | <i>—</i>     |
| MULTIPLE DEPENDENT CLAIM PRESENT |                        |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  | *                                | Minus | ** <i>34</i>                       | =             |
| Independent                                    | *                                | Minus | *** <i>3</i>                       | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  | *                                | Minus | **                                 | =             |
| Independent                                    | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  | *                                | Minus | **                                 | =             |
| Independent                                    | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE   | FEE    | OR | RATE   | FEE        |
|--------|--------|----|--------|------------|
|        | 345.00 |    |        | 690.00     |
| X\$ 9= |        | OR | X\$18= | <i>22</i>  |
| X39=   |        | OR | X78=   |            |
| +130=  |        | OR | +260=  |            |
| TOTAL  |        | OR | TOTAL  | <i>240</i> |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X39=             |                | OR | X78=             |                |
| +130=            |                | OR | +260=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

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